

16.995

MAR 30 1927

16389

MAR 29 1927

MILBANK MEMORIAL FUND
QUARTERLY BULLETIN

NEW YORK HEALTH DEMONSTRATIONS

VOL. V

APRIL 1927

No. 2

*The NEW YORK HEALTH CONFERENCE
held in connection with the
Fifth Annual Meeting of the Advisory Council*



EXPERIENCE mingled with current experimentation in the New York Tuberculosis and Health Conference held in New York City on January 18th, 19th, and 20th, in connection with the fifth annual meeting of the Advisory Council of the Milbank Memorial Fund. Names of national and international reputation in the field of public health stood next on the program to names which will be known in the future for contributions now being developed. New undertakings, described by those who are responsible for them, were evaluated, placed in historical perspective, and related to approved standards, by veteran experts in the service of public health.

The conference was sponsored by the United States Public Health Service; by the New York State Department of Health, the

State Medical Society, and the State Charities Aid Association; by the New York City Department of Health, the New York Tuberculosis and Health Association, and the Bellevue-Yorkville Community Health Council; and by the Milbank Memorial Fund.

The semi-annual meeting of the State Committee on Tuberculosis and Public Health of the State Charities Aid Association and the annual meeting of the Community Health Council of the Bellevue-Yorkville Health Demonstration were features of the program, occupying the luncheon period on successive days, and bringing together in each case approximately two hundred persons. The conference was made the occasion, also, for meetings of the Technical Board, the Committee on Nutrition and the Statistical Advisory Committee of the Milbank Memorial Fund, and for the annual conference of the executive secretaries of the local committees with the staff of the State Committee on Tuberculosis and Public Health of the State Charities Aid Association. Four sessions were devoted to the presentation and discussion of certain parts of the health demonstration pro-

OVER 300 workers in the field of public health, many of them of international reputation, participated in the second annual New York Tuberculosis and Health Conference held recently in New York City. Three days were given over largely to discussion of problems which had arisen and progress which had been made in the New York Health Demonstrations.

Opportunity was thus afforded individuals at the head of the activities of the demonstrations to confer with members of the Milbank Memorial Fund's Advisory Council.

grams in Syracuse and in Cattaraugus County.

This was the second year that the Advisory Council had met in connection with such a two-day conference. Dr.

William H. Welch, of Johns Hopkins University, its Chairman, presided over two dinner sessions of the Council, having previously opened the general conference. The presiding officers of the open sessions of the conference were Homer Folks, Secretary of the State Charities Aid Association; Dr. Herman G. Weiskotten, Commissioner of Health of Syracuse; Miss Lillian D. Wald, President of the Henry Street Settle-

ment; Surgeon-General Hugh S. Cumming, of the United States Public Health Service; and Dr. John J. McGrath, First Vice-Chairman of the Community Health Council.

Speakers at the final session, a dinner meeting of the Advisory Council, described later, were Edward W. Sheldon, President of the Fund's Board of Directors; Hon. Charles G. Hanna, Mayor of Syracuse; Miss Lilla Wheeler, member of the Cattaraugus County Board of Health; Dr. James Alexander Miller, President, New York Tuberculosis and Health Association; Dr. C.-E. A. Winslow, Professor of Public Health, Yale University; and Dr. Livingston Farrand, President, Cornell University.



At the outset of the rural health demonstration in Cattaraugus County it was decided to make the attack on tuberculosis a major activity. This decision was based not only on the knowledge that tuberculosis is still one of the leading causes of death in the County, and an even more important cause of incapacity and economic suffering, but also on the belief that intensive work for the control of tuberculosis is one of the most effective means for improving the general health of a community.

The service which has been developed was described by Dr. Stephen A. Douglass, County Health Officer and Director of the demonstration, and by Dr. William C. Jensen, who is in immediate charge of the tuberculosis work. They told that there had been (a) 6,500 persons, in a total population of 73,000, examined for tuberculosis in the special clinics of the Department of Health since the beginning of the demonstration in 1923; (b) an increase in the proportion of new cases found to be in the incipient stages, from 17 per cent in 1923 to 40 per cent in 1926, and a corresponding decrease, from 29



per cent to 14 per cent, in the proportion of cases already in an advanced stage when first seen; (c) a growing appreciation of the service by the medical profession of the County, who referred 55 per cent of the cases in 1926, compared with 17 per cent in 1923; (d) an increase in the accommodations at the County sanatorium, and a modification of the popular feeling about it, which together have doubled the number of days' treatment; and (e) a decrease in the number of deaths from tuberculosis in the County, from an average of 50 for the decade preceding the beginning of the health demonstration to 35 in 1925 and 37 in 1926.

The significance of these facts was summarized by Dr. Allen K. Krause, Director of the Kenneth Dows Foundation for Tuberculosis Research at the Johns Hopkins University, who had recently spent ten days in the County studying the work. It "has taught the shut-in dweller in the remote mountain homestead," he said, "that consumption need not kill; it has converted the County sanatorium from a domicile of despair into a house of hope; it has helped wonderfully to

stimulate and inspire that hard-driven Angel of Mercy, the country doctor, and put at his right hand for service that other ministering spirit to the sick, the public health nurse."

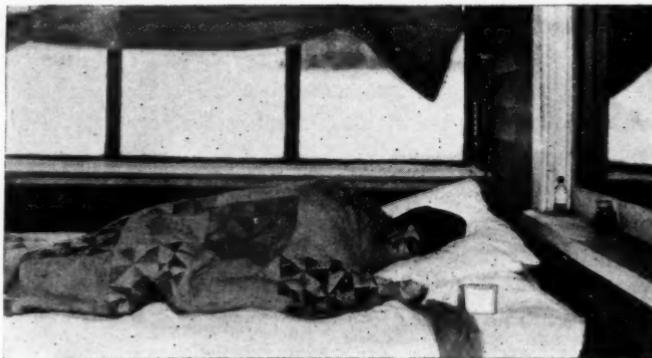
Dr. Lawra-



son Brown, Medical Director of the Trudeau Sanatorium, expressed the hope that Cattaraugus County would find a way, as part of the demonstration, to reach every child of high school age in the County for a thorough examination. It is his opinion that if all boys and girls during the ages from ten to twenty could be examined annually, including X-ray examination, 90 per cent of the tuberculosis of early adult life could be prevented. Dr. Edward R. Baldwin, Director of the Trudeau Foundation, also emphasized the value of the X-ray; the importance of examining children of high school age year after year; the danger of reaching a diagnosis too soon; and suggested providing opportunities for country doctors to visit clinics and institutions and attend institutes, as profitable measures in a rural anti-tuberculosis program.



HOW urban methods for safeguarding the life and health of mothers and babies might be "reconstructed and modified" for rural practice was discussed by Dr. Doris A. Murray, who is in charge of this work in Cattaraugus County. The lack of adequate hospital accommodations for maternity cases and the difficulty of reaching women in the early stages of pregnancy, present problems of larger proportion in the country, said Dr. Murray. She emphasized also the importance of enlisting the co-operation of the family physician in carrying out this phase of a public health program. Dr. J. H. Mason Knox, of the Maryland State Department of Health, mentioned, in commenting on her paper, that the optimum age for interesting girls in instruction for parenthood seems to be from ten to thirteen, and for boys, a little later, that is during the elementary school years.



METHODS employed in Cattaraugus County in overcoming the difficulties encountered in providing a public health nursing service for a rural population scattered over 1,300 square miles, were described by Miss Laura A. Gamble, Director of the Bureau of Public Health Nursing of the County Department of Health. Rural conditions in America, in Miss Gamble's opinion, require public health nurses who are equipped to give whatever nursing service may be needed, rather than specialists trained for service in some one field. They must give bedside care, as well as advice and instruction. They must do also what in cities is left to specialists in social service. "In the city," she said, "the family case-worker, the public health nurse, the school attendance officer, the probation officer or recreation leader, may all co-operate advantageously in working out a family problem; but in rural districts the long distances and the expense of transportation make such a method of work impracticable even if the services of all these different workers were available." Furthermore, rural public health nurses must be executives and organizers, as well as competent nurses, knowing how to work with committees and enlist public interest and build up support for a health program.

A staff of fifteen field nurses attached to the County Health Department serves the villages and country districts. They are stationed at six health centers in different parts of the County, and they do generalized nursing, under the supervision of specialists in the various branches of nursing and in nutrition, and also under the supervision of the trained social workers attached to the County Tuberculosis and Public Health Association. They assist at clinics; they visit the schools; they give instruction to various groups. In the course of the year 1925 they made 22,000 visits in the homes of the County. Their visiting time was divided as follows: 35 per cent in the interest of maternity, infancy, and child hygiene; 20 per cent in tuberculosis service; 20 per cent in school service; 16 per cent for general health and hygiene, including bedside nursing; and 9 per cent on account of communicable diseases. For their own instruction lectures and conferences are arranged from time to time. Teaching material and outlines for their classes are also provided.

On the basis of this experience and of an estimate of needs not yet met, Professor C.-E. A. Winslow reached the conclusion that for complete and effective service in a rural community the ratio of public health nurses to the population should be 1 for every 2,000 residents. He said, moreover, that in view of the higher costs necessitated by the rural conditions, an annual expenditure of from \$1.00 to \$1.25 per capita must be contemplated if an adequate service is to be provided. As in the case of roads and education, part of the expense, in Dr. Winslow's opinion, should be met by the more prosperous sections of the commonwealth through the system of state aid. For a country so prosperous as the United States to maintain that it is too poor to protect the health of its rural population is to display a poverty of spirit of which I can not believe the American people capable, he concluded.



HOW to translate the knowledge of the experts into the daily practice of the people, the subject of a special session, was characterized by Surgeon General Cumming as perhaps the most important on the conference calendar. The public health education program which has been developed in Syracuse was pronounced by Dr. Donald B. Armstrong, Assistant Secretary of the Metropolitan Life Insurance Company, to be probably more comprehensive and more nearly adequate than could be found in any other city of equal or larger size. Its methods and underlying philosophy were presented by Miss Louise F. Bache, Acting Director, Bureau of Health Education of the Department of Health. Miss Mary E. Bowen, of the Department of Public Instruction, told of the educational devices used in the Syracuse public schools, from kindergarten through the sixth grade, to teach children what they should know about health, and to establish proper habits of living and the proper attitude toward health—devices adapted to the age of the children, and correlated in most ingenious fashion with other subjects in the curriculum. Miss Teresa M. Fields, Supervisor of Health Education in the metropolitan health demonstration, told of plans which were being made for the furtherance of health instruction in the schools of the Bellevue-Yorkville district in New York City.

The "weaving of health into the curriculum" was cited by Bailey B. Burritt, General Director of the New York Association for Improving the Condition of the Poor, as perhaps the most significant element in present efforts to teach health to school children. Frederick R. Rogers, of the State Department of Education, pleaded for a nation-wide

program of research to determine experimentally, on a scientific basis, what ought to be taught, where in the grades each element ought to be introduced, and how it can be taught most effectively.

The allied topic of the discovery and correction of physical defects in school children was presented by Dr. Joseph C. Palmer, who directs vice in both the parochial Syracuse, and Greenleaf, the Cattaraugus County School Health Service.

In Syracuse there are serious physical defects among the school children. Dr. Palmer called to the attention of the parents that 49 per cent of the 9,290 public school children, examined in 1925-6, an average of 1.44 defects for each child in the group. Fully half of these defects had not been suspected by the parents, Dr. Palmer said.

Dr. Greenleaf showed that, despite the lack of clinical facilities, it had been possible to make very creditable progress in securing the correction of certain classes of defects found among children in the rural schools of Cattaraugus County. To make the organization in rural districts more effective, Dr. Greenleaf said that a law was needed providing for the substitution of the school district, including fifty or sixty schools, as the operating unit in place of the individual school. The adoption of this proposal, said Dr. William A. Howe, State Medical Inspector of Schools, would be one of the greatest contributions that could be made at the present time to the promotion of health work in the rural schools.





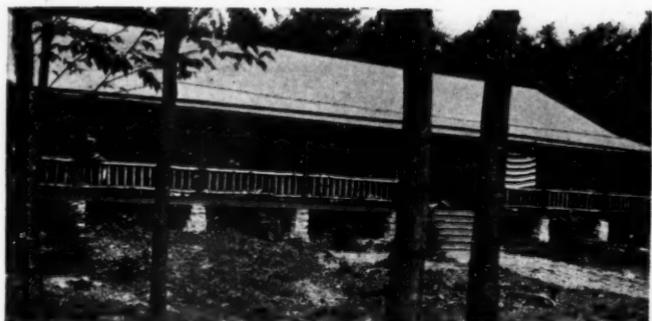
At the final session of the conference, a dinner meeting of the Advisory Council, Mr. Sheldon's address of welcome to the Council members and other guests present, was followed by a brief speech from the presiding officer, Dr. Welch. "Isn't it true," Dr. Welch asked, "that we are making lives more useful and happy by prolonging them? Riddance of mosquitoes, for example, means riddance of malaria, and riddance of both means a more happy and useful life for an entire population," he added. Following a review by Mr. Folks of recent developments in the rural and urban health demonstrations, Miss Wheeler of Cattaraugus County and Mayor Hanna of Syracuse talked on the public health outlook in these localities. Dr. Miller discussed the metropolitan demonstration in relation to the outlook for public health in New York City, and Dr. Winslow enumerated instances in which opportunities were confronted to add to the current store of world knowledge and experience in public health administration. Dr. Farrand said he did not think it unreasonable to hope that its advances in preventive medicine would eventually bring to the United States such leadership in the field of public health as it now enjoys in the economic world.





No system of indoor air conditioning can equal the outdoor air at its best. Fresh and clean, and in stimulating motion, cool open air, with the exercise which accompanies outdoor life, is one of the most useful of tonics.

—C. E. A. WINSLOW, PH.D.

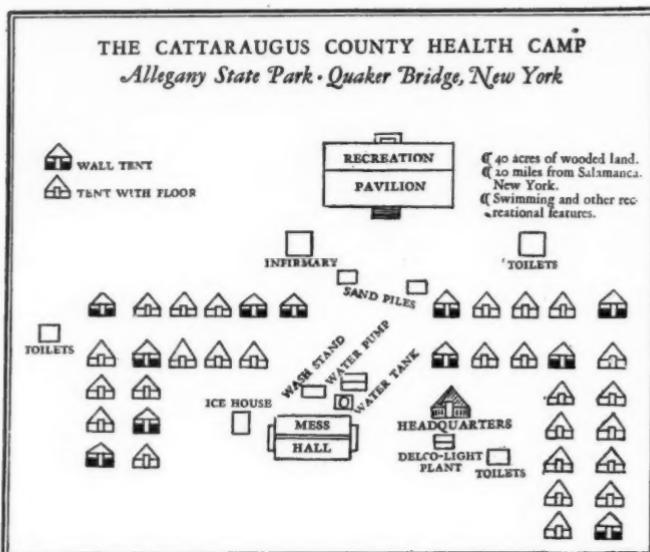


The CATTARAUGUS COUNTY HEALTH CAMP in ALLEGANY STATE PARK, NEW YORK

The Camp is maintained solely for the purpose of building up the health and vitality of its guests, children between the ages of six and twelve. The children are chosen through the School Medical Service, each supervisor's district being privileged to send two children. Precedence is given to children who have been reported underweight in the school records, and to children especially requiring the open air and sun, the health and dietary routine which the Camp life affords.

AN important adjunct to the summer vacation life of the children of Cattaraugus County, is the Health Camp in Allegany State Park. Located in southwestern New York on the dissected Allegany plateau, with summit ridges averaging 2,400 feet, and valleys 1,500 feet above sea level, this State Park contains over 60,000 acres of wilderness forest. It is being improved with roads, trails, trail shelters, camp areas, artificial lakes and swimming pools on its numerous streams. The Cattaraugus County Health Camp is located on a mountain-side at Quaker Bridge, on one of the most desirable camp sites adjoining the Park headquarters.

FORTY acres of the Park have been set aside for the Camp. The permanent buildings include a recreation



pavilion, a mess hall, ice and pump houses and two permanent cabins used respectively as an infirmary and as an administration center. The children are housed in tents with wooden floors, but a campaign is under way to provide funds for the erection of permanent cabins. Basketball and volleyball courts, sand piles and swimming facilities are also provided. The arrangement of the buildings and tents is shown in the accompanying sketch.

The mess hall is equipped to serve one hundred and fifty

persons. It has an army stove, refrigerator, hot water tank, cooking utensils and an electric washing machine.

The recreation pavilion, of which illustrations are shown on pp. 37, 40 and 42, contains a general assembly room, a cement bathroom, two offices and a locker room. Its library contains over six hundred children's books, gifts of residents of the County. A piano was loaned last summer by the Park Commission, and a victrola is owned by the Camp. A Delco system furnishes the lighting.

BEFORE a given applicant is considered eligible to attend the Health Camp, he or she must have undergone a thorough medical examination. This is given at one of the general diagnostic clinics of the County Health Department. Consultation with the family physician looking towards the removal of defects likely to be causing mal-nutrition is urged upon the child's parents. Removal of such conditions as enlarged adenoids and diseased tonsils is a prerequisite to camp entry. Last summer toxin-antitoxin protective treatment against diphtheria was required of all campers under ten years of age. Parents of applicants requiring dental treatment were urged to have this condition remedied before Camp opened. When necessary in individual

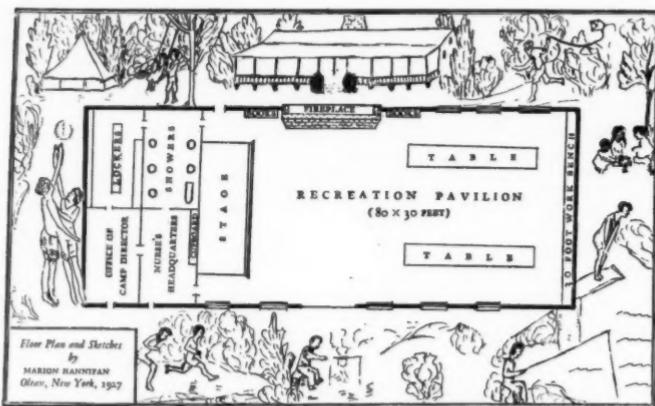
cases arrangements were made to help defray the cost of the preliminary correctional service required.



HAVING entered the Camp the boys and girls find themselves members of a large family, where the acquisition of "good health habits" is made a matter of serious moment. Each camper receives a copy of the Camp rules:

- Q Brush your teeth twice a day.
- Q Drink at least three glasses of water every day.
- Q Have a bowel movement at a regular time every day.
- Q Eat fruit daily.
- Q Eat bread and breakfast foods made of the whole grains.
- Q Drink two cups of milk every day. The rest of the quart recommended is in your food, or on your food.
- Q Observe a regular rest hour daily, and rest a few minutes as often as possible during the day.





C Eat two servings of vegetables every day and eat green vegetables six times a week.

C Eat candy or sweets, only for desserts and never between meals.

C Go to bed at eight o'clock.

Seven o'clock breakfast is followed by an hour for health inspection each morning. Tents are then put in order, prizes going later to the boy and the girl whose tents have most often received pennants for tidiness. A lunch of crackers and milk is served at eleven o'clock. Vocational work occupies the balance of the forenoon. A two-hour rest period follows dinner. The remainder of the afternoon is devoted to swimming, to vocational work or to nature study. Following supper, an opportunity is provided for free play, and there

are frequent camp fire gatherings with stunts and stories. "Taps" is sung at eight o'clock and the signal for "lights out" is given a half-hour later.

A TRAINED nurse is in attendance at the Camp, and physicians on the staff of the County Health Department are on call. During the third and sixth weeks of the 1926 session, diagnostic clinics were conducted at the Camp. A dentist made weekly visits, examined the children's mouths and teeth, cleaned their teeth and rendered any necessary emergency service.

Balanced meals were planned by the nutrition specialist on the staff of the County Board of Health. Frequent talks, given

while the children were eating, included discussion not only of the food eaten, but of the manner in which it was eaten. Scores on the dietary habits of the children were kept, and the influence of the routine on children learning for the first time to eat whole wheat bread and proper amounts of fruits and vegetables, was watched with interest. The regular camp diet was supplemented by treats of jelly, preserves, canned fruits and ice cream, contributed by residents of the County.

Each child is weighed once a week, and prizes are given to the girl and boy making the greatest gain in weight during their camp stay. Last summer the entire group gained a total of 465 pounds while in camp. This was an average gain of 3.63 pounds per child. A girl of twelve, one of the prize winners, gained eleven and one-half pounds during the six weeks' camp.

CAMP over, an attempt is made to have the children carry home with them such benefits as they may have derived from their

outdoor life and training. An account of their camp work is sent to their parents. Results of the medical examinations are forwarded to the public health nurses in the districts where the children reside, and copies are placed on file in the County Health Department. The co-operation of dentists in the home communities is sought in serving children whose parents may not be able to pay for needed dental work. When deemed necessary, children are urged to have a medical examination later in the year, if not by their physician, at one of the Health Department clinics.



DURING the 1926 season of six weeks, 141 children were enrolled in the Camp. Ninety-one were there during the entire period of forty-two days. Following the program for progressive development of the Camp, instituted when it was established in the Park, accommodations for 150 children have been provided in plans for the 1927 camp. The total cost of operating the Camp was \$2,852.07 for the season. This was a daily cost per child of 59 cents. The cost per meal was $19\frac{2}{3}$ cents.

The Camp is maintained by the Cattaraugus County Tuberculosis and Public Health Association, of which Rowan Whealdon is Executive Secretary. Mrs. Ella M. Finch, Field Secretary of the Asso-

ciation, is Camp Director. Funds for the Camp are secured through the sale of Christmas seals. An annual spring donation day is made the occasion for solicitation of additional funds and of camp supplies, including food, games and camp equipment. Voluntary contributions are also received during the year. The only direct charge made for Camp entry is a registration fee of one dollar, which is used for incidental expenses. Parents who can afford to pay for their children's stay are asked to do so by purchasing the Seals. As has been stated before funds are being raised for the erection of permanent cabins to replace the tents now in use at the Camp. Ten such cabins are now in the course of construction.





FIELD EXPERIENCE for STUDENT NURSES OFFERED *in* CATTARAUGUS COUNTY

WHEN the Cattaraugus County Department of Health undertook in 1923 to organize a county-wide nursing service it was no easy matter to assemble a competent personnel, even with the assistance of the National Organization for Public Health Nursing. Rural public health nursing is so new in the United States, dating only, as a nation-wide movement, from the World War, and conditions in the rural field are in important respects so different from urban conditions, that the supply of nurses who have had special preparation, whether through training or through experience, is far behind the demand. Just how many there are is not known, but certainly not enough to meet even present demands. If by some chance it were pro-

posed to supply the rural districts of the United States overnight with nurses in the ratio estimated by Dr. C. - E. A. Winslow to be essential for adequate service, one to each two thousand of the population (*see p. 32*) more than 25,000 would be needed. That is more than twice the total number of public health nurses, most of them in cities, who were found in the entire country in 1924 by the National Organization for Public Health Nursing.

OF special interest, therefore, both to public health workers and to those who are occupied with the educational problems involved, to say nothing of the nurses themselves, is the opportunity for field training in rural public

health nursing which is offered in Cattaraugus County, New York, to students of Teachers College, Columbia University. Plans for it were worked out in 1925 by a special committee under the chairmanship of Miss Lillian A. Hudson, Assistant Professor of Nursing Education in Teachers College. The first group of students went to the County in 1926; and the appropriation by the Milbank Memorial Fund for the work of the rural health demonstration in 1927 includes an item to cover the cost for a second season.

ON July 6, 1926, the four students of the pioneer group reported for their three months' training. All of these students had completed the certificate course in public health nursing at Teachers College and had had experience in the best standards of public health nursing in urban centers. Each student had an allowance of fifty dollars a month and travelling expenses, the use of a Ford coupe, and a bag completely equipped.



They spent the first week in Olean, where a concentrated program of lectures and conferences with heads of bureaus and special supervising nurses gave them an introduction to the work. After this they were sent to the three districts which had been selected as the teaching centers, and a typically rural area was assigned to each student as her own territory. During the second and third weeks she accompanied the local staff nurse on observation visits to all types of cases, learned her way around, and made acquaintance with the local facilities and resources. After the third week she was entirely responsible for the work in her particular area, with guidance from the special supervising nurses.

In the course of the summer each student made home visits to patients in her own territory who represented many varieties of work. She assisted at five or six types of clinic. She organized and taught a class either in home hygiene and care of the sick or in child care. She attended the meet-

ings of the Nurses' Committee in her district. She had continuous personal supervision from the educational director in the Bureau of Public Health Nursing, and visits from the special supervisingnurses, the nutrition specialist, and the staff nurse in charge of the district in which she was working.



EXCURSIONS and conferences were scattered through the summer, carefully planned to give an insight into as many aspects as possible of rural health work. There were visits to a village water supply and sewage disposal system; to the Olean water supply system and the Olean milk pasteurization plant; to the Health Camp in Allegany State Park; to a model dairy farm; to the Adams Memorial Hospital at Perrysburg and the State Hospital for Mental Diseases at Gowanda, as well as to the County and

city offices and institutions. Each student spent one day at the County fair, with definite duties in the way of teaching and demonstration at the exhibits. At the opening of the school year each one attended the Teachers' Institute in her district, when the school health program for the year was presented to the teachers by the director of the County School Health Service and the supervisor of school nursing.



IN August and September when the students were working alone, they made 658 visits, seeing 1,007 patients. The number visited by each ranged from 180 to 295. The total cost of supplying the training, including financial outlay and an allowance for the time of the staff which was spent in supervision, was estimated at \$1,731.



THE supervisory nurses made reports on each student



under their observation, which were forwarded to Teachers College. The students also were asked for their criticisms and suggestions, and these were placed in the hands of the committee which planned the course. Miss Hudson, chairman of the committee, summarizes her impressions of the initial season training as follows:

"I found the students felt that the experience had been of the greatest value to them, and gave opportunity for experience in those phases of community work so necessary for the student going into rural, state, or county positions, and which our urban centers rarely, if ever, offer. Problems of organization and administration arising out of the area to be covered, the attitude of the people, the needs of the services and the resources of the community, or the county and state, were all of great interest to them, and they especially valued the experience of working in local

units where they were responsible to a local committee. They feel they appreciate more fully the value of each citizen being intelligent about his health needs and accepting his rightful responsibility for supporting the policies of either public or private organizations that may be trying to provide the service. I feel that the students' preparation and previous experience in urban centers made it possible for them to enter into the program there without endangering the service to any individual patient or the family, a factor which must be carefully safeguarded in all student work."

It is Miss Hudson's view that the opportunities for training in Cattaraugus County are so rich, and the need for well prepared public health nurses for positions in county and state work is so great, that the students to whom this field experience is offered should be chosen with the greatest degree of care.



NEW YORK HEALTH DEMONSTRATIONS SUPERVISORY AND OPERATING AGENCIES

STATE CHARITIES AID ASSOCIATION

State Committee on Tuberculosis and Public Health

Executive Staff

HOMER FOLKS, *Secretary* GEORGE J. NELBACH, *Executive Secretary*
A. C. BURNHAM, M.D., *Assistant in Preventive Medicine*

CATTARAUGUS COUNTY HEALTH DEMONSTRATION

County Board of Health

JOHN WALBATH, *President*, Salamanca MYRON E. FISHER, M.D., Delevan
WILLIAM C. BUSHNELL, Little Valley M. L. HILLSMAN, M.D., Little Valley
WILLIAM A. DUSENBURY, Olean J. W. WATSON, New Albion
MISS LILLA C. WHEELER, Portville

STEPHEN A. DOUGLASS, M.D., *County Health Officer*

County School Health Service

C. A. GREENLEAF, M.D., *Director*

County Tuberculosis and Public Health Association

C. A. GREENLEAF, M.D., *President* ROWAN WHEALDON, *Executive Secretary*

SYRACUSE HEALTH DEMONSTRATION

Syracuse Health Department

HERMAN G. WEISKOTTEN, M.D., *Commissioner*
GEORGE C. RUEHLAND, M.D., *Deputy Commissioner*
and *Director*, Syracuse Health Demonstration

Department of Public Instruction, Health Service

MRS. EDWARD L. ROBERTSON, *President*,
Board of Education PERCY M. HUGHES, *Superintendent of Schools*
JOSEPH C. PALMER, M.D., *Director*, School Health Service

The Onondaga Health Association

WILLARD W. SEYMOUR, *President* ARTHUR W. TOWNE, *Secretary*

Citizens' Committee on the Syracuse Health Demonstration

GILES H. STILWELL, *Chairman*

COMMUNITY HEALTH COUNCIL

Including the New York City Department of Health

BELLEVUE-YORKVILLE HEALTH DEMONSTRATION in THE CITY OF NEW YORK

Officers of the Council

HON. LOUIS I. HARRIS, M.D., *Chairman* ALTA E. DINES, R.N., *Secretary*
JOHN J. McGRATH, M.D., *First Vice-Chairman* JAMES ALEX. MILLER, M.D., *Chairman of Executive Committee*
LILLIAN D. WALD, R.N., *Second Vice-Chairman* BAILEY B. BURRITT, *Chairman of Interim Committee*

Executive Staff

WILLIAM H. PARK, M.D., *Medical Officer* SHIRLEY W. WYNNE, M.D., *Advisory Medical Officer*
J. L. BLUMENTHAL, M.D., *Advisory Medical Officer* LEVERETT D. BRISTOL, M.D., *Executive Officer*
MISS AMELIA H. GRANT, *Assistant Executive Officer*

6

MILBANK MEMORIAL FUND

Board of Directors, Officers & Boards of Counsel

Board of Directors

CHAS. M. CAULDWELL, M.D.	JOHN G. MILBURN
THOMAS COCHRAN	GEORGE L. NICHOLS
ALBERT G. MILBANK	ELIHU ROOT
EDWARD W. SHELDON	

Officers

EDWARD W. SHELDON, <i>President</i>	JOHN A. KINGSBURY, <i>Secretary</i>
ALBERT G. MILBANK, <i>Treasurer</i>	CATHERINE A. DORAN, <i>Assistant Treasurer</i>
JOHN A. KINGSBURY, <i>Secretary</i>	BERTRAND BROWN, <i>Assistant Secretary</i>
UNITED STATES TRUST COMPANY OF NEW YORK, <i>Assistant Treasurer</i>	EDGAR SYDENSTRICKER, <i>Statistical Consultant</i>

Technical Board

BAILEY B. BURRITT	JOHN A. KINGSBURY
LIVINGSTON FARREND, M.D.	JAMES ALEX. MILLER, M.D.
HOMER FOLKS	MATTHIAS NICOLL, JR., M.D.
WILLIAM H. WELCH, M.D., <i>ex-officio</i>	LINSLY R. WILLIAMS, M.D.

Advisory Council

DONALD B. ARMSTRONG, M.D.	A. J. McLAUGHLIN, M.D.
EDWARD R. BALDWIN, M.D.	JAMES ALEX. MILLER, M.D.
CORNELIUS N. BLISS, JR.	V. A. MOORE, M.D.
LEVERETT D. BRISTOL, M.D.	SIR ARTHUR NEWSHOLME, M.D.
LAWRASON BROWN, M.D.	MATTHIAS NICOLL, JR., M.D.
BAILEY B. BURRITT	WILLIAM H. PARK, M.D.
GEORGE F. CANFIELD	W. S. RANKIN, M.D.
HUGH S. CUMMING, M.D.	GEORGE C. RUHLAND, M.D.
HENRY S. DENNISON	E. R. A. SELIGMAN, PH.D.
STEPHEN A. DOUGLASS, M.D.	HENRY C. SHERMAN, PH.D.
LOUIS I. DUBLIN, PH.D.	THEOBALD SMITH, M.D.
HAVEN EMERSON, M.D.	WALTER F. WILLCOX, PH.D.
LIVINGSTON FARREND, M.D.	WILLIAM F. SNOW, M.D.
HOMER FOLKS	FRED M. STEIN
ELIZABETH G. FOX, R.N.	EDGAR SYDENSTRICKER
LEE K. FRANKEL, PH.D.	PHILIP VAN INGEN, M.D.
FRANK P. GRAVES, PH.D.	LILLIAN D. WALD, R.N.
LOUIS I. HARRIS, M.D.	HERMAN G. WEISKOTTEN, M.D.
CHARLES J. HATFIELD, M.D.	WILLIAM C. WHITE, M.D.
C. F. HAVILAND, M.D.	FRANKWOOD E. WILLIAMS, M.D.
ALLEN K. KRAUSE, M.D.	LINSLY R. WILLIAMS, M.D.
DAVID R. LYMAN, M.D.	C. E. A. WINSLOW, PH.D.

WILLIAM H. WELCH, M.D., *Chairman*
JOHN A. KINGSBURY, *Secretary*